



## Outgoing Wire Transfer Questionnaire

Don't become a victim of a scam. Meeting someone online, never meeting, or rarely meeting in person is a **red flag**. Some scammers may even coach you on how to respond to questions from the credit union.

- Yes  No Are you wiring money to someone you never met in person?
- Yes  No Are you wiring money using funds from a check you recently deposited from someone you never met in person?
- Yes  No Are you wiring this money in response to an offer you received through the internet, mail, or telephone?
- Yes  No Have you been contacted by a company (i.e. Microsoft, Apple, Amazon, Google) advising you that you have a virus on your computer or a lock on your account?
- Yes  No Were you instructed to wire money for any of the following?
- To claim an inheritance, lottery, or prize winnings
  - To pay for taxes, or fees
  - To reimburse someone for overpayment
  - To assist a family member you have been told has been injured or arrested

**IMPORTANT! If you answered "YES" to any of the above questions and you decide to proceed, you acknowledge this transaction may be a scam or high-risk transaction.**

**I am aware of the risks involved and wish to proceed with this wire transfer request.**

**Member's Signature:**

**Date:**



## Outgoing Wire Transfer Authorization Form

ALL WIRE REQUESTS WILL BE PROCESSED ON THE FOLLOWING BUSINESS DAY IT IS RECEIVED. BIG ISLAND FCU CANNOT CONTROL THE DELIVERY DATE OF THE RECEIVING FINANCIAL INSTITUTION.

Telephone: (808) 935-9778  
 E-mail: [info@bigislandfcu.com](mailto:info@bigislandfcu.com)  
 Mail: 66 Lono Street, Hilo, HI 96720

**DOMESTIC WIRE FEE: \$25.00**

SECTION 1: SENDER INFORMATION (REQUIRED)		
Member Number:	Share Type:	Wire Amount:
Member Name:	Date Joined:	Day Phone #:
Street Address:		
City:	State:	Zip Code:
Purpose of Wire:		

SECTION 2 : RECEIVER FINANCIAL INSTITUTION INFORMATION (REQUIRED)		
ABA Routing Transit Number (9-digits): _____		
Receiver Financial Institution Name:		
Street Address:		
City:	State:	Zip Code:

SECTION 3: BENEFICIARY FINANCIAL INSTITUTION INFORMATION (IF APPLICABLE)		
Beneficiary FI Account Number:		
Beneficiary FI Name:		
Street Address:		
City:	State:	Zip Code:

SECTION 4: BENEFICIARY INFORMATION (REQUIRED)		
Beneficiary Account Number:	Beneficiary Name:	
Street Address:		
City:	State:	Zip Code:
Optional Memo (Example: Invoice #, escrow #, etc.)		

SECTION 5: AUTHORIZATION	
<p>By signing the Outgoing Wire Transfer Authorization Form and Outgoing Wire Transfer Questionnaire, you authorize Big Island Federal Credit Union to transfer funds as shown on this wire request form, plus applicable fees. You are responsible for the accuracy of the above information. If your payment order identifies the recipient and any financial institution by name and account or other identifying number, Big Island Federal Credit Union and any other financial institutions facilitating the transfer may rely strictly on the account or other identifying number, even if the number identifies a different person or financial institution. You understand that we may confirm the information on all wire requests before sending the wire. Once we have sent an outgoing wire, the transfer is final and cannot be stopped, so please make sure all the information about the wire is correct and that you want the wire sent according to that information. If you provide incomplete or inaccurate information, we will not be responsible for any resulting wire transfer losses, delays, or failed transactions. Wire transfers cleared through the Federal Reserve are governed by Federal Reserve Regulation J. All wires must comply with applicable US laws. Wire requests must be completed in person at any branch if your wire request is \$10,000 or more per day and/or if your contact information was changed within the last 30 days.</p>	
Member Signature _____	Today's Date _____

FOR BIFCU USE ONLY		
Wire Request Received Via: <input type="checkbox"/> In Person <input type="checkbox"/> Email		
Member Contacted By: <input type="checkbox"/> Phone Password <input type="checkbox"/> Last 3 Transactions <input type="checkbox"/> Change of Address/Phone Number		
Received By:	Date and Time:	Over \$25,000 Require Supervisor Approval:
Wire Entered By:	Processing Date:	
Wire Verified By:	Confirmation Number:	